**Direct Observation of Procedural Skills - Formative**

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| --- | --- | --- | --- |
| Candidate name |  | | |
| Component of training | Core Generalist  Advanced Specialised Discipline | | |
| DOPs No for CGT/ AST |  | | Assessment date |
| Assessor name |  | | Email |
| Assessor position | Supervisor  Medical Educator  FACRRM  Other Specialist | | |
| Training Post name |  | | Location |
| Case complexity | Low  Medium  High | | New patient  Yes  No |
| Procedural skill |  | | |
| Patient | Problem       Gender      Age | | |
| **Candidate strengths** | | **Suggestions for development** | |
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| --- | --- | --- | --- | --- |
|  | Beginning | Progressing | Achieved | Exceeded |
| Communication |  |  |  |  |
| History taking |  |  |  |  |
| Clinical management |  |  |  |  |
| Procedural skill (PROC) overall |  |  |  |  |
| PROC appropriateness |  |  |  |  |
| PROC preparation & planning |  |  |  |  |
| PROC technical ability |  |  |  |  |
| PROC post management |  |  |  |  |
| Professionalism |  |  |  |  |
| Overall rating |  |  |  |  |

**Time taken for assessment** Observation       Feedback

**Conducting formative DOPS**

Observe the patient consultation involving a procedure in real time.

Where possible the patient, doctor and assessor should all be face to face.

Information of workplace based assessment requirements are provided in the [Fellowship Training Program Handbook](https://www.acrrm.org.au/docs/default-source/all-files/handbook-fellowship-training.pdf?sfvrsn=bdb27590_22).

**Achieved rating**

Communication

* Patient centered communication evident. Built trust and rapport with patient.
* Showed empathy and respect. Asked patient for their story.
* Explored patient issue using a range of relevant question types.
* Considered and discussed the impact of presentation on patient function.
* Flexible in approach. Considered cultural values, attitudes and beliefs.
* Explained aspects of care clearly.
* Involved patient in decision making and provided appropriate advice.

History taking

* Obtained a clinical history including presenting problems, epidemiology and cultural context.
* Questions focused and appropriate.

Procedural skill

* Considers indications and contraindications
* Aware of risks, seeks help where appropriate
* Knows relevant anatomy and physiology
* Gains patient consent
* Provides appropriate pain relief/ sedation
* Prevents/ manages complications, uses aseptic technique

Clinical management

* An appropriate range of evidence gathered, and most plausible diagnosis provided to the patient.
* All required appropriate tests arranged.
* Short-term management and possible long-term management plan appropriate and discussed with patient.
* Follow-up arranged.
* Clearly addressed ethical / potential legal / work cover issues.

Professionalism

* Ensured patient privacy and confidentiality.
* Demonstrated a commitment to teamwork, collaboration, coordination and continuity of care.
* Critically appraised own performance.
* Clinical documentation is in accordance with professional standards.
* Provided accurate and ethical certification for sickness, employment, social benefits and other purposes.

Overall

* Overall approach systematic and consistently competent across marking categories.
* Made clear efforts to ensure patient comfort and safety and to reduce risks where appropriate.
* Communication skills effective. Patient involved in decision making.
* Diagnosis sound and based on information gathered.
* Appropriate history and assessment undertaken.
* Relevant further tests arranged to confirm diagnosis as required.
* Management appropriate and includes short and some long-term recommendations based on information gathered.

More detailed descriptors for the competency standards for Fellowship- beginning/progressing/achieved are provided in the [Rural Generalist Curriculum](https://www.acrrm.org.au/resources/training/curriculum).